| | STATE OF MONTANA | STATE MOTORPOOL | | Authorization Number | |
|---|--|---------------------------------------|-------------------------|-------------------------|------------|
| | | | | Date Issued | |
| | PERSONAL VEHICLE USE | EMPLOYEES NAME: | | | |
| | AUTHORIZATION FORM | | | | |
| The employee identified herein is granted authority to use a non-State Vehicle in the conduct of State business within the bsic confines of the itinerary and approximate total mileage noted below. Reimbursement for applicable payment shall be as per ARM 2.4.112 | | NAME AND ADDRESS OF EMPLOYING AGENCY: | | | |
| | | | | | EST. MILES |
| STANDARD RATE HIGH RATE | | TRIP ITINERARY (INCLUDE DATES) | | | |
| EXPLANATION: AGENCY APPROV | VAL AS PER ARM 2.4.113 | 2 | OVAL AS PER ARM 2.4.114 | | |
| PERSONAL VEHICLE AUTHORIZATION | Authorizing Agency Official | | Title of Official | D | ate |
| | | | | | |
| INSTRUCTIONS: | AGENCY: Prepare in triplicate. Retain original. Send duplicate and triplicate to the employee. | | | | |
| | EMPLOYEE: Retain for your files. Attach duplicate to applicable travel expense voucher | | | | |

9000-0735